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Person-Centered Plan (PCP) Consumer Admission Form



A. C	Name, M.I., and First Na		MM DD YYYY	C. Provider Cons		-	
The care is requ	Instructions: The Consumer Admission Form is required to be completed as a part of the Person-Centered Plan for all Enhanced Benefits Service consumers within 30 days of service initiation. The form is required to be submitted to the LME by all Enhanced Benefits providers for each new consumer, or with inactive consumers for whom they are initiating services in a new episode of care (minimum of no billable services within prior 60 days). Admission information is required to be updated periodically when new data is collected or when existing data is modified. This form is required to be submitted to the LME and to Value Options in accordance with Division guidelines and HIPAA and 42 CFR, Part 2 and GS 122C regulations. Any electronic transmittal is required to conform to HIPAA standards for electronic health care transactions, and conform to a uniform format specified by the Division, including required encryption for secure transmission of data. For further reference, see current DMHDDSAS CDW Reporting Requirements and CDW Data Dictionary at http://www.dhhs.state.nc.us/mhddsas/manuals/index.htm.						
1.	Name of LME respo		g this Consumer's Po		18.	8. Diagnosis Code(s) (ICD-9): (List up to three ICD-9 diagnoses in order of importance) 18a) 18b) 18c) 18c) 18c) 18c)	
2.	Consumer Current	Admission Date:]		19.	Date Started Substance Abuse Treatment: MM DD YYYY Not Applicable (for current episode) MM DD YYYY	
3.	Consumer Co. of Re (Enter county name o	esidence:	□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□	∏	20.	Provide information on Substance Abuse (Drug of Choice) Details: ☐ Not Applicable (Enter codes from attached instructions)	
4.	Consumer's Reside	nce Zip Code:]000-000			20a) SA Drug Code 20b) Age of First Use 20c) Use Frequency 20d) Route of Admin.	
5 .	Ethnicity: (✓ One)	☐ Hispanic, Mexica	n American	anic, Puerto Rican		1) Primary Substance	
	☐ Hispanic, Cuban	☐ Hispanic, Other	☐ Not Hispanic Origin	n 🔲 Unknown		2) Secondary Substance	
6.	Marital Status at the		,			3) Additional Substance	
	Annulled	☐ Single] Separated		Complete consumer identifying numbers below (as applicable and available):	
_	Divorced	□ Widowed	☐ Unknown ☐	Domestic Partners	21.	. Consumer Unique Identifier:	
7.	Race: (✓ One) Black/Afric. Amer.	□ White/Anglo/Cau	c. Amer. Ind./Native A	\marican			
	☐ Alaska Native	☐ Asian	☐ Native Hawaiian ☐		22 .	Consumer Social Security Number:	
	Unknown	Other (Describe):			23.	(Needed for cross referencing with CNDS) 5. Consumer Medicaid Number:	
8.	Gender: Male	e 🗌 Female	9. <u>Veteran Status:</u>] Yes 🗌 No 🗌 Unk.		Complete provider identifying information below (as applicable and available):	
10.	Education Level at t		highest grade/degeen		24.	. 00000000000000000000000	
11.	Employment Status	at time of admissi		manent):	25.	Name of Provider Agency Medicaid Provider Enrollment No.:	
12.	Living Arrangement	(residential) at tim			26.	i. IPRS Attending Provider No.:	
13.	Admission Referral	•		, ПП	27.	. National Provider Identifier (NPI) No.:	
	<u> </u>		de from attached instru		28.		
14.	Is consumer profici	ent in English?	(✓ One) ☐ Yes ☐ N	No		First and Last Name of Provider Staff Submitting this Form to LME	
15.	Primary Language:	(✓ One)			29.		
	☐ English	☐ Sign Language	☐ French	☐ Spanish		E-Mail Address of Provider Staff Submitting this Form to LME	
	Other	□ None	Unknown	_	30.		
	Is consumer pregna	-			00.	Provider Area Code, Phone No., & Extension Date Form Submitted to LME	
17.	Diagnosis(es) Effec	tive Date: / MM D	☐ / ☐ ☐ ☐ (for curi D YYYY	rent episode)			

Note: Information is fully protected as a consumer health record under HIPAA and 42 CFR, Part 2, and GS 122C and contains individually identifiable health information. Disclosure of HIPAA protected information between providers and other covered entities may require consumer consent. For consumers with substance abuse problems, written consent is required under 42 CFR, Part 2, for disclosure of confidential consumer information, unless such disclosure is permitted as an exception to the General Confidentiality Rule, including a medical emergency that poses an immediate threat to health and requires immediate medical intervention. Redisclosure of SA consumer information is prohibited under 42 CFR, Part 2. Page 1 of 3: DMHDDSAS Rev: 08/02/06 (Electronic Form)

INSTRUCTIONS FOR PERSON-CENTERED PLAN (PCP) CONSUMER ADMISSION FORM

- A. <u>Consumer Name:</u> Enter consumer's Last Name, Middle Initial, and First Name: *up to 17 characters*.
- B. <u>Consumer DOB:</u> Enter consumer's date of birth, by month, day, and year: 8 characters.
- C. <u>Provider Consumer Record No:</u> Enter provider's consumer record number: up to 10 characters.
- D. <u>LME Facility Code</u>: LME Facility Code may be completed as indicated by LME, or may be assigned by LME upon receipt of Form: 5 characters.
- E. <u>LME Consumer Record No:</u> LME Consumer Record Number may be completed as indicated by LME, or may be assigned by the LME upon receipt of Form: *10 characters*.
- Name of LME responsible for receiving this Consumer's PCP: Enter the name of the LME responsible for receiving this consumer's PCP: up to 24 characters.
- Consumer Current Admission Date: Enter month, day, and year which represents the date that this consumer was admitted to a facility for the current episode of care: 8 characters.
- 3. Consumer Co. of Residence: Enter a county name (up to 12 characters) or valid county code (3 characters) for the state of North Carolina as listed in the CDW Data Dictionary.
- Consumer's Residence Zip Code: Indicate the consumer's residential zip code: 9 characters.
- 5. Ethnicity: Indicate the consumer's Hispanic origin: (One).
- 6. Marital Status at the time of admission: Indicate the consumer's marital status at time of the current admission: (One).
- 7. Race: Indicate the consumer's primary racial affiliation: (One).
- 8. Gender: Indicate the consumer's sex: (One).
- 9. Veteran Status: Indicate whether the individual has served on active duty in the armed forces of the U.S., including the Coast Guard: (✓ One).
- Education Level: Enter the appropriate Education Level code from CDW list below for highest grade/degee completed by the consumer at time of the current admission: 2 characters.

00= None, never attended school	01=	First grade
02= Second grade	03=	Third grade
04= Fourth grade	05=	Fifth grade
06= Sixth grade	07=	Seventh grade
08= Eighth grade	09=	Ninth grade
10= Tenth grade	11=	Eleventh grade
12= Twelfth grade/high school graduate	14=	Some college
16= Baccalaureate degree	17=	Post graduate school (after MA/MS)
18= Post bachelor's degree		

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20= GED 30= Kindergarten
35= Associate degree 50= School for special skills
80= Technical trade school 81= Ungraded
82= Special education 99= Unknown
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11. <u>Employment Status:</u> Enter the appropriate Employment Status code from CDW list below for consumer's temporary or permanent employment status at time of the current admission: *2 characters*.

```
00= Unemployed 01= Employed full time
02= Employed part time 03= Not in work force, student
04= Not in work force, retired 05= Not in work force, homemaker
06= Not in work force, not available for work
07= Armed Forces/National Guard
08= Seasonal/Migrant worker 09= Unknown
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12. <u>Living Arrangement:</u> Enter the appropriate Living Arrangement code from CDW list below for consumer's residential status at time of the current admission: 2 characters.

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01= Private residence (house, apartment, mobile home, child living with family)
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02= Other independent (rooming house, dormitory, barracks, fraternity house, work bunk house, or ship)

03= Homeless (street, vehicle, shelter for homeless)

04= Correctional facility (prison, jail, training school, detention center)

05= Institution (psychiatric hospital, developmental disability center, Wright, ADATC)

06= Residential facility excluding nursing homes (halfway house, group home, child care institution, DDA group home)

07= Foster family, alternative family living

08= Nursing home (ICF, SNF)

09= Adult care home - 7 or more beds (rest home)

10= Adult care home - 6 or fewer beds (family care home)

11= Community ICF-MR

12= Community ICF-MR, 70 or more beds

00= Other

13. Admission Referral Source: Enter the appropriate Admission Referral Source code from the CDW list below for principal source that referred the consumer to the facility for the current admission: 2 characters.

01=	Self or no referral						
10=	Family or friends						
21=	Other outpatient and residential non-state facility						
22=	State facility						
23=	Psychiatric service, General hospital						
32=	Non-residential treatment/habilitation program						
41=	Private physician						
44=	Nursing home board and care						
46=	Veteran's Administration						
48=	Other health care						
60=	Community agency						
71=	Court, corrections, prisons						
80=	Schools 99= Other						

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- 14. English Proficiency: Indicate whether English is spoken and understood by the consumer at a relatively high level of proficiency, e.g. no interpreter is required: (One).
- 15. <u>Primary Language:</u> Indicate the language spoken and/or understood by the consumer: (✓ One).
- Pregnancy Status: Indicate whether the consumer is pregnant at the time of the current admission: (One.)
- Diagnosis(es) Effective Date: Enter the date by month, day, and year that the
 consumer is formally admitted to a program for treatment of the specified ICD9 diagnosis code(s) described in this form or is assessed with this diagnosis:
 8 characters.
- Diagnosis Code(s) (ICD-9): Enter up to three ICD-9 codes describing, in order
 of importance, the condition(s) established after screening and assessment,
 to be chiefly responsible for occasioning this admission of a consumer:
 5 characters.
- 19. <u>Date Started Substance Abuse Treatment:</u> Enter date by month, day, and year for first substance abuse treatment in the current admission: *8 characters*.
- 20a. Substance(s) Abused: Enter the appropriate Substance Abuse code from the CDW list below for Primary, Secondary, and Additional Substance Abused by the consumer in the 30 days prior to the current admission: 2 characters.

```
00 =
             None (e.g. client in remission)
01=
              Alcohol
02=
              Cocaine/Crack
03=
             Marijuana/Hashish (Cannibus)
04=
05=
             Non-Prescription Methadone
             Other Opiates and Synthetics (Morphine, codeine, Dilaudid, Percodan)
06=
07=
              PCP (Phencyclidine)
             Other Hallucinogens (LSD, MDA, Psilocybin, Mescaline)
08=
09=
              Methamphetamine (Ice)
              Other Amphetamines (Dextroamphetamine, Dexedrine, Amphetamine,
10=
              Crank, Speed)
11=
              Other Stimulants (e.g. caffeine)
12=
              Benzodiazepine (Valium, Librium, Tranxene)
13=
              Other Tranquilizers (Thorazine, Haldol)
14=
              Barbiturates (Phenobarbital, Secobarbital, Pentobarbital)
              Other Sedatives and Hypnotics (Doriden, Quaalude)
15=
              Inhalants (Nitrites, Freon, glue, turpentine, paint thinner, rubbing alcohol)
16=
              Over the counter drugs (e.g. diet tablets, cough syrup)
17=
18=
             Other
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19=

Tobacco

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20c. Frequency of Use: Enter the appropriate code from the CDW list below for Primary, Secondary, and Additional Substance Abused by the consumer in the 30 days prior to the current admission episode: 1 character.
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0= Not used in past month 1= Used one to three times in past month
2= Used one to two times in past week 3= Used three to six times in past week
4= Used daily in past week 9= Unknown
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20d. <u>Usual Route of Administration</u>: Enter the appropriate Usual Route of Administration code from the CDW list below for Primary, Secondary, and Additional Substance Abused by the consumer in the 30 days prior to the current admission: 1 character.

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1= Oral 2= Smoking 3= Inhalation
4= Injection 5= Other 9= Unknown
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Complete consumer identifying numbers below (as applicable and available):

- 21. Consumer Unique Identifier: Enter consumer number: 10 or 11 characters. The unique identifier consists of the first three characters of last name, 1 st character of first name, 6 character birth date, and an identifier if more than one LME consumer has the same unique identifier number.
- 22. Consumer Social Security Number: Enter consumer number: 9 characters.
 This number is needed for cross-referencing with the Department's Common Name Database Services (CNDS). A consumer SSN will not always be available to a provider when completing this Form.
- 23. <u>Consumer Medicaid Number:</u> Enter consumer number: 10 characters. Complete provider identifying information below (as applicable and available):
- 24. Name of Provider Agency: Enter name of provider agency: up to 24 characters.
- 25. Medicaid Provider Enrollment No: Enter provider number: 8 characters.
- 26. IPRS Attending Provider No: Enter provider number: 8 characters.
- 27. <u>National Provider Identifier (NPI) No:</u> Enter provider number: *10 characters*.
- 28. First and Last Name of Provider Staff submitting this Form to LME: Enter first and last name of staff submitting this form to LME: up to 24 characters.
- 29. <u>E-Mail of Provider Staff submitting this Form to LME</u>: Enter e-mail address of provider staff submitting this form to LME: *up to* 24 characters.
- 30. Area Code and Phone No. of Provider: Enter area code and phone number of provider staff submitting this form to the LME: 10 characters.
- 31. <u>Date Form Submitted to LME:</u> Enter date by month, day, and year that this form was submitted to the LME by the provider: 8 characters.